

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				4		
6			1			
7			1			
8				1		
9				1		
10				1		
11				4		
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TOTAL IND.			3			
TOTAL DEP.			38			
TOTAL CLAIMS			41			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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